

Periodontic Procedures Criteria

Iowa Medicaid Program:	Prior Authorization	Effective Date: 8/1/2009
Revision Number:	3	Last Review Date: 5/9/2016
Reviewed By:	Dental Review Consultants	Next Review Date: 4/2017
Approved By:	Medicaid Medical Director	Approved Date: 5/31/2016

Criteria:

Iowa Medicaid may approve periodontal scaling and root planing when the request for approval is accompanied by:

1. A completed copy of a current periodontal probe chart.
2. A previous periodontal history.
3. A panoramic or full mouth series of radiographs.

Payment for periodontal scaling and root planing will be approved when interproximal and subgingival calculus is evident on radiographs or probing depths are 4mm or over.

Iowa Medicaid may approve periodontal surgical procedures which include osseous surgery and osseous allograft when the request for approval is accompanied by:

1. A plan for treatment.
2. A completed copy of a current periodontal probe chart.
3. Previous periodontal history.
4. A panoramic or full mouth series of radiographs.

Payment for osseous surgery and osseous allograft procedures may be approved after scaling and root planing has been provided, the patient has had one year of periodontal maintenance, and the patient has demonstrated reasonable oral hygiene unless the patient is unable to demonstrate reasonable oral hygiene because of physical or mental disability.

Iowa Medicaid may approve periodontal surgical procedures which include gingivoplasty and gingivectomy when the request for approval is accompanied by:

1. A plan for treatment.
2. A completed copy of a current periodontal probe chart.
3. Previous periodontal history.
4. A panoramic or full mouth series of radiographs.

Payment for gingivoplasty and gingivectomy may be approved when there is evidence of gingival hyperplasia, or when there is a deep carious lesion that cannot be otherwise accessed for restoration.

Iowa Medicaid may approve pedicle soft tissue graft and free soft tissue graft when the request for approval is accompanied by a written narrative describing medical necessity.

Iowa Medicaid may approve periodontal maintenance therapy when the request for approval is accompanied by:

1. A completed copy of a current periodontal probe chart.
2. A periodontal history.
3. A panoramic or full mouth series radiographs.

Payment for periodontal maintenance therapy will be approved three months after scaling and root planing procedures have been provided and probing depths remain 4 mm or higher. Periodontal maintenance therapy may be approved once per three month interval for moderate to advanced cases if the condition would deteriorate without treatment.

Localized delivery of antimicrobial agents requires prior authorization. Approval shall be granted when at least one year has elapsed since periodontal scaling and root planing was completed, the member has maintained regular periodontal maintenance, and pocket depths remain at a moderate to severe depth with bleeding on probing. Authorization is limited to once per site every 12 months.

References Used:

Development of utilization management criteria may also involve research into other state Medicaid programs, other payer policies, consultation with experts and review by the Medicaid Clinical Advisory Committee (CAC). These sources may not be referenced individually unless they are specifically published and are otherwise applicable to the criteria at issue.

Change History:

Change Date:	Changed By:	Description of Change:	New Version Number:
3/27/14	Dental Review Consultants	Under Criteria, in paragraph 3 removed "gingivoplasty". In paragraph 4 removed "periodontal surgical" and added "osseous surgery and osseous allograft". Removed "reevaluation exam and gingival hyperplasia resulting from drug therapy" and added "one year of periodontal maintenance and reasonable oral hygiene". Added paragraphs 5 and 6 regarding gingivoplasty and gingivectomy. Last paragraph added "three months".	1

Change History (Cont.):

Change Date:	Changed By:	Description of Change:	New Version Number:
3/6/15	Dental Review Consultants	Added paragraph on antimicrobial therapy.	2
4/17/15	Medical Director	Added paragraph in References Used.	3

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